



**State National Insurance Company, Inc.
Administered by Hiscox Inc.**

PUBLIC OFFICIALS LIABILITY PROGRAM

**APPLICATION
FORM**

If coverage is issued, it will be on a claims-made basis.

Notice: Unless the claim expenses outside the limit option is required to be included by relevant state regulation or is selected by the applicant, this insurance coverage provides that the limit of liability available to pay judgements or settlements shall be reduced by amounts incurred for claim expenses. Further note that amounts incurred for claim expenses shall be applied against the retention amount.

Before any question is answered read carefully the declaration at the end of this proposal which you are required to sign. Answer all questions in full. Check Yes/No boxes.

“Public Entity,” “You,” “Your” or “Applicant” refer individually and collectively to the applicant, persons, entities, and the authorized agent of all person(s) and entity(ies), proposed for this insurance. Some sections of the application may not apply to the Public Entity. If this is the case, please mark “not applicable” (N/A). In the event you need more space to fully answer a question, please attach separate sheet(s) to this application with your full answer and indicate the question number to which you are responding.

This application must be signed and dated by either (a) the highest ranking elected or appointed member of the board of the applicant (b) the business manager or risk manager of the applicant, or (c) the treasurer or comptroller of the applicant.

1. Legal name of public entity:

Address:

Phone:

Website:

2. Coverage sections requested:

Coverage requested	Limit of liability requested	Retention
Public Officials Liability		
Employment Practices Liability		

3.

Type of public entity	Check if applicable
a. Local Government (city, county, village, township, etc.)	<input type="checkbox"/>
b. Special district	
Port authority (air or water)	<input type="checkbox"/>
Housing authority	<input type="checkbox"/>
Transit authority	<input type="checkbox"/>
Utility (electricity, gas, cable, etc.)	<input type="checkbox"/>
Water/sewer authority	<input type="checkbox"/>
Development/finance authority	<input type="checkbox"/>



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	Sports/convention center parks department	<input type="checkbox"/>
c.	Other – please describe:	<input type="checkbox"/>

4. Public entity was created in which year?
5. a. Present population: Change from three (3) years ago: %
- b. Largest city: Population of largest city:
6. a. How many board members are: Elected? Appointed?
- b. If board members are elected, are they elected via:
 Single member district At large? Combination of both?
 If board members are appointed, who are they appointed by?
7. Fiscal year:

Figures shown below are to include the totals from the public entity and all component units (if applicable) as indicated in question 3.

	Current	Projected
Total Revenues		
Total Expenditures		
Surplus/Deficit		

Total accumulated surplus or deficit: \$

If a deficit exists, what steps are being taken to eliminate it?

Please attach a copy of your most recent comprehensive financial report.

8. Does the public entity anticipate any special projects which will result in substantial budget increase or decrease in the next three (3) years?

9. a. Total amount of outstanding bonds: \$
- b. Latest Moody's, Standard & Poor's and/or Fitch's bond rating: \$
- If the bonds are not rated, please explain:



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c. Has the public entity been in default on the principle or interest of any bond? YES NO
If YES, please provide details:

d. Please include a copy of the Bond Offering Statement or prospectus for all bonds issued in the past year.

10. Are all investments made by or on behalf of the public entity rated at or above Baa by Moody's Investors Services or BBB by Standard & Poor's Corporation? YES NO
If NO, please attach the most current investment portfolio.

11. Does the authority of the public entity cover any of the operations listed below? YES NO

If YES, please indicate the total amount of current year expenditures from question 7 allocated to each operation:

Covered operation	Expenditures Included in question 7?	Current year expenditures	Check here if coverage is requested*
a. Port authority	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	<input type="checkbox"/>
b. Housing authority	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	<input type="checkbox"/>
c. Transit authority	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	<input type="checkbox"/>
d. Utilities	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	<input type="checkbox"/>
e. Water/sewer authority	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	<input type="checkbox"/>
f. Hospital, clinic, nursing, other health care operations	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	N/A
g. School	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	N/A
h. Jails or detention facilities	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	N/A
i. Law enforcement agencies, incl. security & related operations	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	N/A
j. Fire fighting authorities	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	N/A

***Note:** coverage is not provided for the above unless specifically indicated on these declarations or by endorsement to the policy. Requesting coverage for these operations does not necessarily mean it will be granted. Note also that where indicated above as "n/a" there is no coverage under the policy.

12. Number of elected/appointed officials or employees who are:

- a. Attorneys
- b. Accountants
- c. Architects
- d. Engineers

Is Professional Liability Insurance purchased for these individuals? YES NO



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13. Have any of the following situations occurred within the Public Entity during the last five (5) years:
- a. Strike, slowdown or other disruption by employees? YES NO
 - b. Disputes involving integration, segregation, discrimination or violation of civil rights? YES NO
 - c. Grand jury investigations, recall proceedings or indictments of any elected or appointed officials? YES NO

If YES to any of the foregoing, please attach full details on a separate sheet of paper.

14. Employment Practices: Questions 14-24 should be answered if Employment Practices Liability cover is being applied for.

Please provide the following information for the previous year, current year and estimate for the following year:

	Previous year	Current year	Estimate for next year
Full time employees (including elected and appointed board members):			
Part time employees:			
Number of employees located in California:			
Number of employees located in Michigan:			
Number of employees located in Texas:			
Number of volunteers:			
% of employees who have direct contact with the general public:			

15. a. Total number of employees, including elected & appointed board members (from question 14):
- b. Number of law enforcement agency, including security and related operations, personnel currently employed:
- c. Number of fire fighting authority personnel currently employed:
- d. Number of jail or detention facility personnel currently employed:
- e. Number of hospital, clinic, nursing home or other health care operations personnel currently employed:

16. Does the public entity have a Human Resources department? YES NO

If YES, please give number of employees in the Human Resources department:

If NO, please explain how this function is handled:



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17. Does the public entity have a written human resources manual? YES [] NO []

If NO, please explain what guidelines are followed:

[Empty text box for explanation]

18. a. Does the public entity anticipate any reduction in staff in the next twelve (12) months? YES [] NO []

b. Has the public entity had any reduction in staff in the last twelve (12) months? YES [] NO []

If YES, please explain:

[Empty text box for explanation]

c. Has any employee of the public entity been suspended, demoted, dismissed, transferred or had a contract of employment non-renewed within the last twelve (12) months? YES [] NO []

If YES, please explain:

[Empty text box for explanation]

19. How many employees have resigned, been terminated (with or without cause) or retired:

a. Current year: employees []

b. Current year: elected/appointed officials []

c. Prior year: employees []

d. Prior year: elected/appointed officials []

20. Has any employee or elected/appointed official of the public entity made allegations of unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment? YES [] NO []

21. Does the public entity:

a. Use an employment application for all of your applicants for hire? YES [] NO []

b. Use any tests to screen applicants for employment or to promote? YES [] NO []

c. Have a formal orientation program for all new employees? YES [] NO []

d. Publish an employment handbook? YES [] NO []

If YES, do you distribute to all employees? YES [] NO []

e. Provide regular, written performance evaluations for all? YES [] NO []

f. Have a formally implemented & adopted anti-sexual harassment policy? YES [] NO []

If YES, is it distributed annually to all workers? YES [] NO []

g. Have a written procedure for handing employee complaints of discrimination and sexual harassment? YES [] NO []

h. Have a policy on AIDS or on assisting employees with life-threatening or communicable disease? YES [] NO []



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- i. Have a policy on accommodating the disabled as required by the Americans with Disabilities Act? YES NO
- j. Comply with the Family Medical Leave Act? YES NO
- 22. Does the public entity require terminations to be reviewed by its:
 - a. Human Resources department? YES NO
 - b. Legal department? YES NO
 - c. Outside counsel? YES NO
- 23. Does the public entity have a formal out-placement program which assists terminated or laid off employees in finding other jobs? YES NO
- 24. Does the public entity conduct exit interviews? YES NO
- 25. Does the public entity presently carry public officials liability insurance or similar insurance? YES NO

Name of company: Expiration date:

Limits: Deductible: Premium: \$

- 26. Does the public entity presently carry employment practices liability insurance? YES NO
- Name of company: Expiration date:
- Limits: Deductible: Premium: \$

27. Name of primary general liability Insurance carrier:

Name of law enforcement/police professional liability insurance carrier:

- 28. Has any similar public officials or employment practices liability insurance ever been declined, cancelled or non-renewed? YES NO
(MISSOURI APPLICANTS NEED NOT REPLY)
If YES, please attach explanation.

- 29. List all public officials and employment practices liability claims made against the public entity or any other proposed Insured(s) during the past five (5) years.
 No claims made during the past five (5) years.

Date of claim	Claimant	Nature of claim	Defense costs	Indemnity amount	Reserve, if open	Current status

- 30. Does any prospective insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim made against the Insured or the public entity? YES NO
If YES, please attach explanation.



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It is understood and agreed that with respect to questions 29 and 30 that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

NOTICE TO ALASKA RESIDENT APPLICANTS: A person who knowingly and with the intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

NOTICE TO ARKANSAS RESIDENT APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison.

NOTICE TO CALIFORNIA RESIDENT APPLICANTS: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO COLORADO RESIDENT APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DELAWARE RESIDENT APPLICANTS: Any person who knowingly, and with the intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO DISTRICT OF COLUMBIA RESIDENT APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, any insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA RESIDENT APPLICANTS: Any person who knowingly, and with the intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII RESIDENT APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines, imprisonment or both.

NOTICE TO IDAHO RESIDENT APPLICANTS: Any person who knowingly, and with the intent to defraud or deceive any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA RESIDENT APPLICANTS: A person who knowingly and with the intent to defraud an insurer files a statement of claims containing any false, incomplete or misleading information commits a felony.

NOTICE TO KENTUCKY RESIDENT APPLICANTS: Any person who knowingly and with the intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA, MAINE AND TENNESSEE RESIDENT APPLICANTS: Any person who knowingly and with the intent to defraud any insurance company or another person, files a statement of claim contain any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties. Insurance benefits may also be denied.

NOTICE TO MINNESOTA RESIDENT APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.



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NOTICE TO NEBRASKA RESIDENT APPLICANTS: Any person who knowingly presents false information in an application for insurance or viatical settlement contract is guilty of a crime and may be subject to fines and confinement in prison

NOTICE TO NEVADA RESIDENT APPLICANTS: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NOTICE TO NEW HAMPSHIRE RESIDENT APPLICANTS: Any person who, with the purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NOTICE TO NEW JERSEY RESIDENT APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO RESIDENT APPLICANTS: Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK RESIDENT APPLICANTS: Any persons who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO RESIDENT APPLICANTS: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA RESIDENT APPLICANTS: WARNING: Any person who knowingly and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of a n insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA RESIDENT APPLICANTS: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

NOTICE TO UTAH RESIDENT APPLICANTS: For your protection, Utah law requires the following to be included in this application: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO VIRGINIA RESIDENT APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA RESIDENT APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



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The applicant hereby acknowledges that he/she/it is aware that, unless the claim expenses outside the limit option is required to be included by the relevant state regulation or is selected by the applicant the limit of liability available to pay judgements or settlements shall be reduced, and may be completely exhausted, by the claim expenses and, in such event, the Company shall not be liable for the claim expenses or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability.

The applicant hereby further acknowledges that he/she/it is aware that claim expenses that are incurred shall be applied against the retention amount.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Company.

Signature of person authorized to execute on behalf of the applicant:

Date:

This Application Form duly completed, together with any supplementary information, must be signed in ink by the person indicated.

Signing of this form does not bind the applicant or the Company to complete the insurance.

A copy of this application should be retained for your records.



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**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES PAYS 90% (85% IN RESPECT OF LOSSES OCCURING AFTER DECEMBER 31 2006) OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

Please select below:

- I hereby elect to purchase Terrorism coverage for a prospective premium of 1% (one percent) of the total premium without such Terrorism coverage.
- I hereby elect to have the exclusion for Terrorism coverage. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

Date:

Print Name